

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as the result of a complaint investigation survey conducted at your facility from October 14, 2008 through October 17, 2008.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Hospitals, adopted by the State Board of Health December 11, 1998 last amended September 27, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following complaints were investigated.</p> <p>Complaint # 18834 - Unsubstantiated Complaint # 18932 - Unsubstantiated Complaint # 18959 - Unsubstantiated Complaint # 17263 - Unsubstantiated Complaint # 18843 - Unsubstantiated Complaint # 18570 - Unsubstantiated Complaint # 18852 - Unsubstantiated Complaint # 18036 - Unsubstantiated Complaint # 18908 - Unsubstantiated Complaint # 18388 - Unsubstantiated Complaint # 18204 - Unsubstantiated Complaint # 16381 - Unsubstantiated Complaint # 16744 - Unsubstantiated Complaint # 17190 - Substantiated with no deficiencies Complaint # 18276 - Substantiated with no deficiencies Complaint # 16677 - Substantiated (Tag #196) Complaint # 18849 - Substantiated (Tag #310) Complaint # 18720 - Substantiated (Tag #116)</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Continued From page 1 Complaint # 19376 - Substantiated (Tag #205) Complaint # 17387 - Substantiated (Tag #134) The following regulatory deficiencies were identified.	S 000		
S 134 SS=D	NAC 449.329 Admission of Patients 2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the patient's guardian received information about the care of the patient. Findings include: Patient #8 Patient #8 was an 86 year ol male admitted on 2/7/08 with diagnoses including Coronary Artery Disease and Right Inguinal Hernia. The patient was was seen in the emergency room on 2/6/08 and had surgery completed on 2/14/04 for a Right Inguinal Hernioplasty. The patient had a public guardian. Record Review/Interview The Emergency Physician Record dated 2/6/08 documented: -"...Poor Historian..." Patient #8's History and Physical form with a dictated date of 2/11/08 documented: -"...This is an 86-year-old white male who is	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 134	<p>Continued From page 2</p> <p>under public guardianship, whose past medical history is not well known because of him being a poor historian..."</p> <p>The Emergency Nursing Record under the Neuro/Psych section indicated that the patient was disoriented to place and time.</p> <p>Patient #8's Patient Care Record Assessment dated 2/09/08 under the Central Nervous System section documented the patient was forgetful.</p> <p>Patient #8's Patient Care Record Assessment dated 2/10/08 under the Central Nervous System section documented the patient was confused at times.</p> <p>Patient #8's Nurses Note dated 2/10/08 documented:</p> <p>"...pt (patient) at times confused et forgetful but cooperative..."</p> <p>Patient #8's Progress Record dated 2/12/08 documented:</p> <p>"...Pt does not understand and comprehend well ot (unable to read) looks like he does not want more surgery..."</p> <p>Patient #8's Consent To Operation Or Other Services form was dated and signed by the patient on 2/14/08. The type of operation recommended was a Right Inguinal Hernia Repair with mesh.</p> <p>There was no documented evidence that the public guardian was notified regarding Patient #8's surgery to repair a hernia.</p>	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 134	Continued From page 3 On 10/17/2008 in the afternoon, Employee #2 indicated Patient #8 was able to sign his own consent form because he was alert and oriented. Employee #2 was not aware prior to Patient #8's surgery, on 2/14/2008, that the patient was assessed by nurses and a physician as confused, forgetful, disoriented, and possibly not wanting surgery. Severity: 2 Scope: 1 Complaint #NV17387	S 134		
S 196 SS=D	NAC 449.339 Nutritional Status of Patients 7. If it is determined that the nutritional status of a patient is at risk, nutritional care for that patient must be: (a) Planned and provided based on an assessment of his nutritional status by a registered dietitian or the attending physician, or both; and (b) Integrated into his plan of care. The response of the patient must be monitored and reassessed as needed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to assess the nutritional status and implement a plan of care for a patient. Findings include: Patient #4 Patient #4 was admitted on 7/15/2008 with a diagnoses that included Dehydration and Pneumonia. Patient #4 was discharged on 7/16/2008. Record Review	S 196		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 196	<p>Continued From page 4</p> <p>Patient #4's Emergency Nursing Record form dated and timed 7/15/06 9:50 AM, documented the chief complaint for Patient #4 was generalized lethargy, weakness, hypotension, no appetite, noncompliant, and vomiting.</p> <p>On the same form, Patient #4 was assessed as malnourished under the Nutritional Assessment section.</p> <p>Patient #4's Physician's Orders dated and timed on 7/15/06 at 1:30 PM, documented a cardiac diet.</p> <p>Patient #4's Multi Purpose Flow Record dated and timed 7/15/06 indicated at 9:00 PM, the patient was given pureed and jello and fed by a relative.</p> <p>There was no documented evidence that a pureed diet was ordered for Patient #4.</p> <p>Patient #4's Patient Transfer Form dated 7/16/06, documented under the feeding section, the patient could not feed herself. The Dietary Regimen section was left blank.</p> <p>Patient #4's Transfer Summary form dictated by the physician on 7/16/06 documented:</p> <p>- "...The patient in my opinion needs physical therapy, aggressive diet supplement to build up her strength..."</p> <p>The Nutrition Assessment section on Patient #4's Patient Care Record form page 11 of 12 and dated 7/15/06 was not completed.</p> <p>There was no documented evidence Patient #4 was care planned for poor nutritional status,</p>	S 196			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 196	Continued From page 5 dehydration, and vomiting. There was no documented evidence that a physician or dietitian completed a nutritional assessment for Patient #4. There was no documented evidence that a consult for a dietitian was ordered to assess Patient #4's nutritional status prior to transfer. Interview On 10/17/2008 in the afternoon, Employee #2 was unable to locate a nutritional assessment for Patient #4. Severity: 2 Scope: 1 Complaint #NV16677	S 196		
S 205 SS=D	NAC 449.3395 Sanitary Conditions - Supplies for Food 3. All kitchens and kitchen areas in a hospital must be kept clean, kept free from litter and rubbish, and protected from rodents, roaches, flies and other insects. The hospital shall take such measures as are necessary for preventive pest control. All utensils, counters, shelves and equipment must be kept clean, maintained in good repair, and free from breaks, corrosions, open seams, cracks and chipped areas. Plastic ware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze must be discarded. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to keep the kitchen area maintained to protect from insects. Findings include:	S 205		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 205	Continued From page 6 Observation On 10/17/08 in the afternoon, there was an approximate 1 inch cracked opening between the floor and the tiled wall base on both sides of a corridor, in the kitchen area. The cracks, approximately 4 to 5 feet in length, were running along both sides of the corridor leading to the cooler door. The corridor floor and the floor inside the front cooler were uneven. Looking inside the cracks were copious amounts of black dirt, particles of food, and small tile pieces. Interview On 10/17/2008 in the afternoon, the director of food services indicated the kitchen floor was sinking and had gotten worse during the past year. Severity: 2 Scope: 1 Complaint #NV19376	S 205		
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to continually assess the condition of the patient. Findings include:	S 310		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 310	<p>Continued From page 7</p> <p>Patient #16</p> <p>Patient #16 was a 74 year old female admitted on 5/12/08 with diagnoses including Respiratory Failure, Cardiac Arrest, COPD (Chronic Obstructive Pulmonary disease), Pneumonia, Ventilator Dependent, and Decubitus Ulcer. The patient was transferred to a skilled nursing facility on 7/11/2008.</p> <p>Policy Review</p> <p>The facility's Pressure Ulcer Care (Skin Integrity) policy with an effective date of June 2008 and a Policy number of 20.7 documented:</p> <p>"...Essential elements of skin breakdown assessments are: -Determine the stage(I-IV): If an ulcer is covered by eschar or slough it cannot be staged until it is debrided. If the ulcer is considered Deep Tissue Injury (DTI) it cannot be staged until it opens.... -Location -Exudate -Size (LxWxD) (Length x Width x Depth)..."</p> <p>"...Document in the Patient Medical Record with each dressing change: -location -Size: length x width x depth, in centimeters... -Color of the wound bed and surrounding tissue -Presence of foul odor -Type of quantity of exudate -Patient's response to therapy -Progression of the wound..."</p> <p>Page 5 of the Assessment and Documentation of Pressure Ulcers booklet, which was not dated, documented:</p>	S 310		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 310	<p>Continued From page 8</p> <p>- "...Pressure ulcer assessment needs to include location, stage, dimensions, depth, undermining, a description of the exudate (drainage), wound base status, and surrounding tissue. Signs and symptoms of infection need to be carefully evaluated. The agency for Health and Policy Research guidelines suggest pressure ulcers be assessed at least once a week; this is also required by Medicare..."</p> <p>Record Review</p> <p>Pictures were taken of Patient #16's coccyx wound on 5/12/2008, 5/28/2008, 6/8/2008, and 6/29/2008. There were no measuring grids on the photo, no measuring devices pictured next to the wound, or measurements written on the photos to determine the length, width and depth of the wound. The photographs of the wound appeared to be increasing in size from 5/12/2008 to 6/29/2008.</p> <p>The initial wound assessment completed by the wound care nurse, on 5/13/2008, did not document the initial length, width and depth of the wound.</p> <p>Physician Orders dated 5/31/2008 documented:</p> <p>- "...1. D/C (discontinue) wound Vac 2. Baza Anti-fungal barrier cream to buttocks and peri wound daily 3. 1/2 strength Dakins soaked gauze into sacral wound daily...."</p> <p>Patient #16's Pressure Ulcer Assessment form dated 6/1/2008 had the Dimension section left blank. The form documented Patient #16 had a stage 4 wound located at the coccyx area and the</p>	S 310			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 310	Continued From page 9 dressing applied was 1/2 strength Dakins solution. There was no documentation regarding the length, width, and depth of the wound, There was no documentation regarding the amount, and type of drainage. There was no documented evidence measurements were taken on Patient #16's coccyx wound for the months of May and June. Interview On 10/16/2008 in the afternoon, the wound care nurse agreed that wound size should have been documented every week. She indicated when wound care was performed, the floor nurses should document the wound size on the Pressure Ulcer Assessment form. The wound care nurse indicated that photographs of wounds were taken every week on a Sunday night. On 10/17/2008 in the afternoon, Employee #2 agreed Patient #16's wound should have been measured. Severity: 2 Scope: 1 Complaint #18849	S 310			
S 324 SS=D	NAC 449.3628 Physical Restraint Use 4. The governing body shall develop and carry out organizational policies and procedures that limit the use of physical restraints on patients to only those situations in which the use of physical restraints is appropriate and for which there is adequate clinical justification. This Regulation is not met as evidenced by: Based on interview, record review and policy review, the facility failed to accurately document the clinical justification for the use of physical and	S 324			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 324	<p>Continued From page 10</p> <p>chemical restraints.</p> <p>Findings include:</p> <p>Patient #19 presented to the Emergency Department on 10/15/08 at 8:50AM, with a chief complaint of injection of methamphetamines approximately one day ago. Patient #19 was brought back to room 24 at 9:00AM. At 9:10AM, the nursing assessment documented the patient was in mild distress and was anxious. The patient had tachycardia (fast heart rate) and had an abrasion to the eye.</p> <p>The following medications was administered to the patient: 8:57AM - Haldol 5 milligrams, via intramuscular injection, right gluteal 8:57AM - Ativan 2 milligrams, via intramuscular injection, right gluteal 8:57AM - Benadryl 50 milligrams, via intramuscular injection, right gluteal</p> <p>10:00AM - Haldol 5 milligrams, via intramuscular injection, right thigh 10:00AM - Ativan 2 milligrams, via intramuscular injection, right thigh 10:00AM - Benadryl 50 milligrams, via intramuscular injection, right thigh</p> <p>The nursing notes lacked documented evidence of the clinical justification for the use of Haldol, Ativan, and Benadryl at 8:57AM and again at 10:00AM.</p> <p>The Emergency Department Physician Record for Altered Mental Status documented the exam was done on 10/15/08 at 8:30AM. The chief complaint was decreased mental status, confusion, and doing methamphetamines all</p>	S 324			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 324	<p>Continued From page 11</p> <p>night. The physician documented Patient #19 was agitated, disoriented, urine toxicology was positive for methamphetamines. The patient was given 3 liters of intravenous fluids and sedated for patient safety.</p> <p>The physician notes lacked documented evidence of the unsafe patient behaviors which would justify the use of sedatives for patient safety.</p> <p>On 10/15/08 at 8:57AM, the physician ordered locked limb restraints for violence or aggression. The order was good for 8 hours.</p> <p>On 10/15/08 at 4:40PM, the physician ordered locked limb restraints for violence or aggression. The order was good for 8 hours.</p> <p>The 24 Hour Behavioral Restraint Flow Sheet documented the locked limb restraints was initiated on 10/15/08 at 9:00AM. The Flow Sheet documented the patient was a threat to self and or harm to others and the patient exhibited violence or aggression. The alternative attempted include verbal de-escalation and reality orientation. The criteria to be met for release from restraint included contract for safety, orient to environment, cessation of verbal threats/violent behavior, and mental status. The restraint plan was discussed with the patient.</p> <p>The 24 Hour Behavioral Restraint Flow Sheet documented from 9:00AM to 6:45PM the patient was combative and assaultive; alternative measures were attempted; the patient was in 4 point locked restraints; circulation and skin integrity was within normal limits; fluids, food, toileting and range of motion offered; visual checks done; and the restraints were continued.</p>	S 324			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 324	<p>Continued From page 12</p> <p>The nursing notes dated 10/15/08 documented the following:</p> <ul style="list-style-type: none"> - 12:00PM - patient resting in bed, patient in no acute distress - 3:00PM - patient sleeping in bed - 7:00PM - patient continues to sleep in bed, patient drowsy - 8:00PM - sleeping - 12:00AM - still sleeping - 2:30AM - patient waked up, intravenous catheter removed, Foley catheter removed, discharged home. <p>The facility policy "Restraints - Behavioral Health; effective dated February 2007 (revised)" documented the following: "...VII. Documentation: A. A "24 Hour Restraint Flow Sheet" will be utilized on all behavioral- restrained patients every day the restraints are required. Included within the Flow Sheet will be clinical justification criteria to be addressed prior to the application of restraint. B...The behavior that warranted restraint use and the alternative measures attempted will be documented in the Plan of Care..."</p> <p>On 10/17/08 in the afternoon, the Emergency Department Director, the Emergency Department Educator confirmed the record lacked documented evidence of the clinical justification for the use of 4 point restraints and the chemical restraint administered at 8:57AM and again at 10:00AM.</p> <p>Severity: 2 Scope: 1</p>	S 324			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.